2016-04-29-05-00071997

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FEC MAIL CENTER.

2016 APR 29 AH 7: 56

								Office US	e Only	
1. NAME (DF TTEE (in full)	TYPE OR PRI	NT ▼		mple: If typing the lines.	ı, type	12FE	4M5		. ,
LINAL	ANA, RE	PUBLI	CAN A	55,0	= MBLY	ال اکار	ER	, PAG.		
							I., J. I.,	11111		
ADDRESS (number and street)	Polit	BK 171	<u>i I . I </u>		1 1 1		<u> </u>		
	eck if different	· [11.				
	n previously orted. (ACC)	BEEC	1 600	1/E			LM	4619	011-	لىنا
2. FEC ID	ENTIFICATION N	IUMBER 🔻	CIT	Y 🛦			STATE:		ZIP COD	DĖ ▲
CC	05.22.4			THIS EPORT	NE (N	ew) OR		AMENDED (A)		
(Choose		(b) Monthly Report	n: Mar	20 (M2) 20 (M3)	i (Di in	ay 20 (M5) n 20 (M6)		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report ((Q2) (C) 12 PI	2-Day RE-Election eport for the:	20 (M4)	Primary (12P) Convention (12)	1 20 (M7)	Gen	Oct 20 (M10) eral (12G) cial (12S)		Runoff (12R)
	January 31 Year-End Report		Election	n on		, [in the State of	
	July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion Po	O-Day OST-Election eport for the:		General (30G)		Run	off (30R)		Special (30S)
	Termination Report (TER)		Election	n on		7	Y U Y U Y		in the State of	
5. Coverin	g Period		201		through	03	3	7) (20	ŢĢ	1
	I have examined	4)	to the best of	my kno	wledge and be	elief it is tru	e, correc	t and complet	e.	
Type or Prin Signature of	t Name of Treasur	er 10r	a P		res		ate	<u> </u>	3 '[2616
	ission of false, erro	neous, or incomp	plete information	n may su	bject the perso	n signing th	is Report	to the penaltie	es of 52	U.S.C. § 30109
01	fice			J				FEC	FOR	M 3X

2016 : 04 : 29 : 0M : 00071998

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name	1	
INDIANA REPUBLIC	AN ASSEMBLY SUPH	2Pt C
Report Covering the Period: From:	1 ' 3° (' 2016 T	.: <u>6,3</u> 4 <u>3(</u> 4 <u>56.(6</u>
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		[129]
(b) Cash on Hand at Beginning of Reporting Period	[[29]	
(c) Total Receipts (from Line 19)	47.00	<u>"</u> 4,7 <u>.</u> e,5
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		457.(
7. Total Disbursements (from Line 31)	, 4497	, <u>4491</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74	74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-73	•
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1.325.67	
This committee has qualified as a multical	indidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

2016-04-29-03-00071999

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name					
INDIANA REPUBLICAN ASSEMBLY SUPER PAC					
R	lors.	المحمد التميين التركيب	· 03'31'2016		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	4780	¥.100		
	 (c) Other Political Committees (such as PACs)	47.02	47.00		
	Transfers From Affiliated/Other Party Committees				
15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made				
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)				
	(b) Levin Funds (from Schedule H5)				
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ Total Federal Receipts	4700	47.00		
	(subtract Line 18(c) from Line 19)▶	TIP			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10.01 1110 10100	Calcindar real-to-pare
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	4497	44971
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	4497	4491
22.	Transfers to Affiliated/Other Party		
23	CommitteesContributions to		
_0.	Federal Candidates/Committees		
24	and Other Political Committees Independent Expenditures		
24.	(use Schedule E)		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
	,		
26.	Loan Repayments Made		
27.	Loans Made		
20.	(a) Individuals/Persons Other		
	Than Political Committees		
	(h) Political Party Committees		
	(b) Political Party Committees		
	(such as PACs)		
	(CBS) do 177CS		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		P N 495 B B 485 B D 455 B
	•		
29.	Other Disbursements		
30.	Federal Election Activity (52 U.S.C. § 30101)	(20))	
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share		
	(i) I ederal Ghare		7. 412. (
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22,	11/1/2-7	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	449	4491
32	Total Federal Disbursements		
UZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	4497	4497
			السليما المستمسم

DETAILED SUMMARY PAGE of Disbursements

	FEC Form 3X (Hev. 02/2003)		Page 5
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	4790	4700
34.	Total Contribution Refunds (from Line 28(d))		
3 5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4700	47.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4497	44.97
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4497	4497

SCHEDULE B (FEC Form 3X)

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only of 21b 27				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) NDIAMA REPUBI		4.1	SUPER PAC			
Full Name (Last, First, Middle Initial) A. GODANDY Mailing Address 14455 V - Hayden			Date of Disbursement			
	tate Zip Code 2 95260	Category/ Type	Amount of Each Disbursement this Period			
Senate President State: District:	Frimary General Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) Region S Rank Mailing Address 3810 S EMENSEM	Ave.	·	Date of Disbursement			
Purpose of Disbursement Cahdidate Name Office Sought: House Disbursen		Category/ Type	Amount of Each Disbursement this Period Memo Item			
State: District: Full Name (Last, First, Middle Initial)	Other (specify)					
C. Mailing Address			Date of Disbursement			
City	State Zip Code					
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period			
Office Sought: House Disbursen		Category/ Type	Memo Item			
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number only)		······································	4497			

SCHEDULE C	(FEC	Form	3X)
LOANS			

SCHEDULE C (FEC Form 3X)	Ext.		
OANS	Use separate schedule(s)	PAGE OF	
	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)		 	
•		~ 1 .	
INDIANA REPUBLICAN ASSEMBI	ry Super	P# C	
LOAN SOURCE Full Name (Last, First, Middle Initial)	☐ Memo Item E	lection:	
TSROWN, DONNA M	-	General	
Mailing Address		Other (specify) ▼	
5720 Port Au Prince Ap	/ []		
City Indians po (73 State IN ZIP Coo	1022		
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period	
150000	60200	90000	
TERMS			
Date Incurred Date Due	Interest Rate	Secured:	
09 27 20 13 09 23 20	T 3 1	% (apr) Yes No	
Andrew Court of the Court of th		description of the second	
List All Endorsers or Guarantors (if any) to Loan Source	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
7700	Amount Guaranteed	Company of the Compan	
City State ZIP Code			
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation	<u> </u>	
	Amazzat		
City State ZIP Code	Amount Guaranteed		
Only Otale 211 Code	Outstanding:	and the second s	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount Guaranteed	Control of the second of the s	
City State ZIP Code		in privately of months of constraint with the constraint of the co	
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Walling Address			
City State ZIP Code	Guaranteed Outstanding:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
	<u></u>		
		BORNERS (BROWN 1. BROWN 1. C. SAND HOLD STREET BANG. 1. No. 1.	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)		900.00	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SOMEDULE O (FEO FUMI SA)	DAGE OF				
LOANS	Use separate schedule(s) PAGE OF for each category of the				
	Detailed Summary Page FOR LINE 13 OF FORM 3X				
NAME OF COMMITTEE (In Full)	<u> </u>				
INDIAMA REPUBLICAN ASSOMBLI	SUPER PAC				
LOAN SOURCE Full Name (Last, First, Middle Initial)	☐ Memo Item Election:				
Court South M	Primary				
REOWN, DONNA M	General Other (specify) ▼				
Mailing Address Port Au Prince, Apt B	Other (specify) V				
City In Liqua Colis State IN ZIP Co	de 46224				
Original Amount of Loan Cumulative Payment To					
7,008,00	582101				
TERMS	_				
Date Incurred Date Due	Interest Rate Secured:				
06 20 20 13 07 01 2	10 10 Yes No				
List All Endorsers or Customers (if only to Lean Course					
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer				
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount Am				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
Maining / Addioso	Societies				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
O. Full Name (Look First Middle Initial)					
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	·				
	Amount Guaranteed				
City State ZIP Code	Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed				
State 21 State	Outstanding: अस्य क्लाक्स विकास कर्माना विकास कर विकास कर्म				
-/					
en des paracipament anno 1940 d'America (1940 d'America (1940) d'America (1940) de la compansa de la compa					
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full)	AME OF COMMITTEE (In Full)			
INDIANA REPUBLICAN ASSEM	BLY SUPER DAC			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
GEORGE HELMS	Primary General			
Mailing Address	Other (specify) ▼			
City & h & Lacustic State & ZIP Code 46062				
City Clesuate State ZIP Co	7 55 65			
80000	-			
80800				
TERMS Date Incurred Date Due	Interest Rate Secured:			
[03] [10] [2013 [72] [32]	% (apr) Yes			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D, carry forward to appropriate line of Summary.				
Carry outstanding balance only to LINE 3. Schedule D. for this line. If	no Schedule D. carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

· · · · · · · · · · · · · · · · · · ·	Detailed Suffiniary Page 1 511 2112 15 51 1 51111 51				
NAME OF COMMITTEE (In Full)					
LOAN SOURCE Full Name (Last, First, Middle Initial)	SSOMBLY SUNKIC PAC				
·	Primary				
Moore JENNIE Mailing Address	General Other (specify)				
7011 Lanton Road	Cuter (speedly)				
City Intrangabell 3 State ID ZIP Co.	VCD -				
Original Amount of Loan Cumulative Payment To					
	20200 979800				
TERMS Date Incurred Date Due	Interest Rate Secured:				
1/1/1/3/2012 1/2/37/2	% (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
4	Amount				
City State ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
Maining Address	Coopanon				
Oit.	Amount				
City State ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked ### 15/16	Date of Receipt
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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER	4/29/16 DATE PREPARED
(3/2015)	DATE THEFANED